Greetings:

While there is not a lot of "new news" on the HIT-HIE & ARRA front, some of the questions that have been coming up indicate it'd be worth doing a summary of where we stand as of today. Some of this will be quite familiar to many recipients of these email Updates (and you can hit delete and recycle these electrons now). However, since this goes to a broad audience, not all of whom follow the granular details as closely as some of us do, and since there is a lot of activity, I thought it'd be worth a recap. (In addition, at the request of several correspondents, a short glossary of terms is included at the end of this email.)

First of all, about upcoming meetings (all now listed at http://hcr.vermont.gov/legislation/HCR2009 along with lots of other info) for which Diane has sent notices, all of which are open to the public:

HIT/HIE General Stakeholders meetings are a forum for public input on the planning and policy discussions related to updating the state's formal HIT Plan, which will be a critical element of our applications for federal funding. The meetings are also a chance to raise issues of general concern and keep lines of communication open. Two areas identified at the June 16th meeting for further discussion at future meetings: Privacy and Security Policies (see below) and outreach and communication to physicians and other practitioners. Discussion of communication strategies will be a key focus of the next meeting, scheduled for:

Wednesday, July 15th
3:00 p.m. – 4:30 p.m.
OVHA, Large Conference Room
312 Hurricane Lane
Williston, VT 05495

There will be call-in capacity, and I am working on also adding "webinar" capacity. The next two scheduled dates are August 12th and September 9th.

The HIT and Higher Ed. Work Group is focused on workforce development and research capacity related to HIT. It has a legislatively mandated report due Nov. 15th. The next meeting is:

Thursday, July 9th
2:00 p.m. – 3:00 p.m.
OVHA, Large Conference Room
312 Hurricane Lane
Williston, VT 05495

A **Regional HIT Extension Center** Planning meeting will take place immediately following the HIT/Higher Ed. Meeting. The HIT Regional Extension Center program is a new federal program (analogous to the Agricultural Extension Center program) designed to provide practice-level support for EHR adoption and implementation. The purpose of this meeting is for stakeholders to provide feedback on how folks would like to see a program structured in Vermont and identify partners interested in collaboration, as the initial federal guidance indicates funding preference will be given to applicants who can leverage state resources. The American Health Quality Association recently released a report with recommendations related to the Regional HIT Extension Centers, which is attached. Again, our meeting to discuss this topic will be:

Thursday, July 9th
3:00 p.m. – 4:30 p.m.
OVHA, Large Conference Room
312 Hurricane Lane
Williston, VT 05495

Finally, the other set of public meetings relates to the legislatively mandated **HIT Payment Reform Work Group** focused on the potential use of "smart card" or other technologies to

electronically adjudicate medical claims and process co-pays. Representative Anne O'Brien and Senator Bill Carris will co-chair the work group, which will submit its initial report and recommendations by August 31st. The first meeting of the work group is:

Wednesday, July 8th
8:00 a.m. – 9:30 a.m.
DII 5th Floor Conference Room
133 State St
Montpelier, VT 05602

HIE Privacy & Security Policies: at the June 16 General Stakeholders meeting, a question was raised about Privacy and Security Policies, and we discussed the fact that VITL updated its policies (attached) after an extensive public input process and further deliberations by its Board. On the federal level, the HITECH Act implements extensive oversight of HIE Privacy and Security Policies that will result in a new rule making process to update HIPAA as it relates to HIE and other privacy-related regulations (underway now, due to be completed by February 18, 2010). Ensuring alignment of privacy and security policies is one of the critical challenges we face in implementing (not just Vermont but all) state and federal exchange of health information. Later this summer, we will continue the public discussion around these policies, and in the interim, I am distributing the VITL policies for review.

Federal Funding: over the past few weeks, there has been considerable activity at the national level, with both CMS and ONC holding series of "listening sessions" to get input on the programs they will operate to support state-level health information exchange (SLHIE) and incentive payments to providers (directly in the case of Medicare and through state Medicaid agencies in the case of Medicaid) for "meaningful use" of "certified HIT."

As a reminder, the definitions of both "meaningful use" and "certified HIT" are under development and will be completed by year's end. ONC and CMS have complementary, highly inter-related roles in this process, and it is ONC's HIT Policy Committee that is charged in statute with making recommendations on the definition of "meaningful use" that will then in turn be used by CMS (and the states) for determining whether providers qualify for the incentive payments. (A copy of Vermont's comments on the proposed draft definition of meaningful use is attached. Because some folks had trouble opening the link provided in a previous email, I have also attached a copy of materials from ONC's June 16 HIT Policy Committee Meeting, which detail the draft definition.)

Concurrently, ONC is undertaking a process to review the process now used to certify EHR systems (through CCHIT), whether that process should be adjusted, and to ultimately determine (again by year's end) what will constitute certified HIT. Again, it is the combination of meaningful use of the certified technology that will qualify providers for the Medicare and Medicaid incentive payments scheduled to begin in 2011, although I hasten to add that the details of those incentive programs remain *in development*. Realistically, we are not likely to know much more about them until sometime next year at the earliest.

In the interim, the feds are getting closer to providing written guidance on two streams of funding to states to support the development of HIE (and, potentially, support for EHR adoption). These two federal funding streams (one from CMS directly to state Medicaid agencies, the other from ONC under Section 3013 of the HITECH Act either to states or to "state designated entities") will complement the Regional HIT Extension Center program mentioned above, guidance on which is also expected in the relatively near term.

In Vermont, the legislature has determined that the ONC funding will come directly to the state, but portions of the funds from both ONC and CMS will likely be able to be used to support HIE

infrastructure and activities being conducted by VITL. This is potentially of particular value to Vermont, because we may be able to utilize these federal dollars in place of some of the money collected in the Health IT Fund that supports VITL HIE infrastructure, as well as to leverage Health IT Fund with federal funds, meaning that we would be able to extend our state Health IT Fund resources to provide more support in the near term for EHR adoption and implementation.

Unfortunately, we do not yet know the scope and scale of what will be possible, but we're working closely with VITL to make sure we are ready to seize the opportunities as soon as they are available. It should also be noted that the Health IT Fund resources can be made available to other EHR adoption and implementation projects, beyond what VITL has planned, but here too, we do not yet have a clear picture. The legislature provided this year for the creation of a loan and grant fund process that could be tied to the Health IT Fund and/or to a new (details not yet available) federal loan program to support EHR adoption. However, while the specifics of how this will all be made operational remain unclear, the state policy goal is completely clear: we will be doing everything we can to support getting as much of Vermont's health care infrastructure wired with HIT and HIE connectivity as rapidly as possible.

To that end, we continue to engage in direct discussions with Washington policy makers and staff at ONC and other parts of HHS to pitch Vermont as a "stethoscope ready" opportunity for federal investment of discretionary ARRA funds (over and above the sources noted above) that would provide resources to advance the goal of comprehensive statewide HIT implementation. Last week, the Governor promoted that concept with Secretary Sebelius and with President Obama at his White House meetings. In separate meetings with ONC staff, I described the integrated role HIT plays in Vermont's health care reform and our vision to wire not just hospitals and physician practices, but to include long term care, home health, and mental and behavioral health providers, as well as to connect public health and other state human services infrastructure. As soon as we know more about what resources will be available through the CMS and ONC streams described above, we will be in a better position to advance our planning to include the additional funding required fill in the gaps to allow us to accelerate the HIT adoption process. Which brings us back to the beginning and the General Stakeholder meetings to shape and inform that planning process. The meetings are open, and we look forward to your participation.

VITL Developments: Finally, a link to the on-line edition of *Mass High Tech* and story on new VITL President/CEO, Dr. David Cochran, who starts work in Vermont on Wednesday, July 1st. The article's title says it all: **David Cochran aims to bring e-health to all Vermonters.** http://www.masshightech.com/stories/2009/06/08/weekly2-David-Cochran-aims-to-bring-e-health-to-all-Vermonters.html

More news as soon as we know it,

- Hunt

Attachments:
AHQA Regional HIT Extension Center document (DOQ-IT Lessons Learned)
VITL Privacy & Security Policies
Meaningful Use comments
ONC HIT Policy Committee Meeting handouts

Acronyms Used Above:
HIT – Health Information Technology
HIE – Health Information Exchange

CMS – Centers for Medicare and Medicaid Services
ONC – Office of the National Coordinator of Health Information Technology
CCHIT – Certification Commission for Health Information Technology
HITECH Act – Health Information Technology for Economic and Clinical Health Act (in ARRA)
ARRA – American Recovery and Reinvestment Act (the stimulus bill)
VITL – Vermont Information Technology Leaders (our statewide HIE)

Commonly Used Terms & Definitions:

Health Information Technology (HIT) – the umbrella framework to describe the comprehensive management of health information and its secure exchange between consumers, providers, government and quality entities, and insurers. Health information technologies can also include tools that help individuals maintain their health through better management of their health information.

Interoperable HIT enables **Health Information Exchange** (HIE) - the mobilization of healthcare information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. HIE is also useful to Public Health authorities to assist in analyses of the health of the population. Formal organizations are now emerging to provide both form and function for health information exchange efforts. These organizations (often called Regional Health Information Organizations or RHIOs) are ordinarily geographically-defined entities which develop and manage a set of contractual conventions and terms, arrange for the means of electronic exchange of information, and develop and maintain HIE standards

Electronic Medical Record (EMR) - An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff *within one* health care organization.

Electronic Health Record (EHR) - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff, *across more than one* health care organization.

Personal Health Record (PHR) - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

Practice Management System - An application used to manage the physician business operations including scheduling, registration, and billing.

Computerized Provider Order Entry (CPOE) – A computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.

Decision-Support System (DSS) - Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease.

Information should be presented in a patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement.

Electronic Prescribing (eRx) – A type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. ePrescribing software can be integrated into existing clinical information systems to allow physician access to patient specific information to screen for drug interactions and allergies.

From HITECH Act Definitions Section:

Health Information Technology - The term `health information technology' means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

Certified EHR Technology - The term `certified EHR technology' means a qualified electronic health record that is certified pursuant to section 3001(c)(5) as meeting standards adopted under section 3004 that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

Qualified Electronic Health Record - The term `qualified electronic health record' means an electronic record of health-related information on an individual that (A) includes patient demographic and clinical health information, such as medical history and problem lists; and (B) has the capacity--

(i) to provide clinical decision support;
(ii) to support physician order entry;
(iii) to capture and query information relevant to health care quality; and
(iv) to exchange electronic health information with, and integrate such information from other sources.

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